



# Flagler County

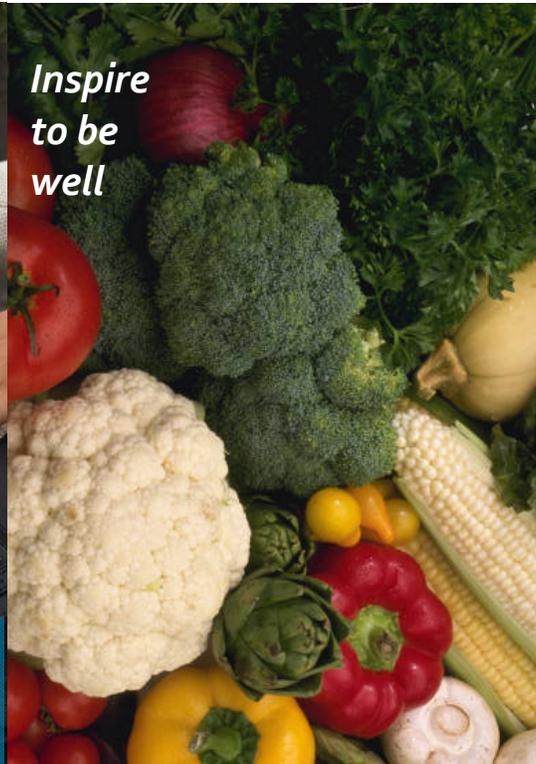
# FLORIDA

2015-2016

## Benefits at a Glance



*Inspire  
to be  
well*



*Take control of your  
health, wealth & self*



*Know the options for  
you and your family*

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Provided by



# Your Benefits

*What you need to know about benefits enrollment*

## New Employees - Enroll 15 days before effective date

### Welcome New Employees!

We look forward to providing you with exceptional benefits and service. Your benefits begin on the first of the month following 30 days of full time employment. Please take time to review the selection of benefits available to you. Once you are ready to enroll, complete the enrollment form and return to your division plan administrator. Payroll deductions are one month in advance so it is in your best interest to submit early.

## Current Employees - Open Enrollment

### Open Enrollment (July 20 - August 7, 2015)

All current benefits will be rolled over into the 2015-16 plan year with the exception of the Flexible Spending Account(s). Only those employees wishing to make changes or to re-enroll in the Flexible Spending Account(s) are required to submit forms. Any changes you make to your benefits during Open Enrollment are effective October 1, 2015.

# Qualifying Events

*Making changes throughout the year*



The choices you make during Open Enrollment or as a new employee remain in place from October 1, 2015 through September 30, 2016. You cannot add or drop coverage until the next Open Enrollment period in 2016 (for the plan year beginning October 1, 2016) unless you have a change in family status or experience another "qualifying event," with benefit changes related to the specific life event.

### Dependent Documentation Requirements

The following events would allow you to make changes to your current benefits during the plan year (mid-year changes must be requested within 30 days of the event):

Qualifying Event	Documentation Required
 Birth or Adoption	Copy of proof of birth from hospital or copy of adoption papers
 Marriage	Copy of marriage certificate and front page of tax return. (Birth certificates for the coverage of step-children)
 Divorce	Copy of final court decree
 Employment status	Statement on company letterhead noting changes (with begin and end date)

# Top Six *Things to Know for Annual Enrollment*

## 1 Medical Plan

There will be no changes to the medical plan or rates for the upcoming plan year.

## 2 Dental Plan

The Dental Plan will be moving to Florida Combined Life, a subsidiary of FloridaBlue effective October 1, 2015. The plan design and rates will remain the same as are currently in place.

## 3 All Other Coverages Remain the Same

There will be no changes to any of the premiums or plans for the other ancillary coverages.

## 4 Open Enrollment

Only those employees who would like to make changes or to re-enroll in the Flexible Spending Accounts (FSA) need to submit forms this year. If you do not submit a form, you will be re-enrolled in the plan(s) in which you are currently enrolled.

## 5 Flexible Spending Accounts

FSA elections will not be rolled over. You must re-enroll every year in the FSA plan. Remember, the FSA is a “use it or lose it” program, so plan carefully for your 2015 contribution.

## 6 Life Coverage

Rates for Voluntary Life Insurance increase if you have moved into a new 5-year age bracket. Remember you can add or increase Life Insurance during Open Enrollment, but you will have to complete an Evidence of Insurability form for carrier approval of the coverage.

# Wellness Program

## *Earn Wellness Rewards*



Earning Wellness Rewards is as easy as 1,2,3 or 4. Follow the path to cash in on healthy behaviors. All Flexible Spending Account deposits will be made on October 1, 2016.

1

Follow the steps below to complete the Health Risk Assessment through CareHere Employee Health and Wellness Center for a \$100 deposit into your Flexible Spending Account (FSA).

1. Blood Draw at CareHere
2. Follow-up visit with CareHere doctor, be sure to discuss a Plan of Care with the doctor.
3. Online Questionnaire

2

Encourage your dependents (those 18 and older) to complete their Health Risk Assessment using the steps listed above for an additional \$100 deposit into your FSA. If you don't have any dependents on the plan, please skip this step. You will not receive a FSA deposit for your dependents' HRA completion until you have completed your HRA. After your HRA is complete, you will receive \$100 for each dependent under 18 on the health plan. Dependents under 18 do not have to complete the HRA.

3

To earn an extra \$50 in your FSA, complete the Plan of Care prescribed to you by a CareHere doctor at your follow-up visit. If a Plan of Care was not prescribed to you, contact CareHere for a plan recommendation.

OR 4

If you do not want to complete a CareHere Plan of Care, but still wish to receive an extra \$50 FSA deposite, you can. Simply complete enough of the activities in the Passport (available from the plan administrator in your location) to earn 50 points. Points and Wellness Activity Forms must be turned into Anita Stoker no later than September 1, 2016 to qualify for the incentive. This additional FSA incentive is available to employees only.

# Your Medical Plan

Provided through FloridaBlue (BCBS) (Group #64553)



Benefit Description	BlueOptions
<b>Office Services</b>	
<b>Physician Office Services</b> In-Network Family Physician In-Network Specialist Out-of-Network <sup>4</sup> Office Visit	\$25 copayment \$60 copayment CYD <sup>1</sup> & 50%
<b>Maternity Initial Visit</b> In-Network Specialist Out-of-Network <sup>4</sup>	\$60 copayment CYD <sup>1</sup> & 50%
<b>Allergy Injections (per visit)</b> In-Network Office Visit Out-of-Network <sup>4</sup> Office Visit	\$10 copayment CYD <sup>1</sup> & 50%
<b>Medical Pharmacy—Physician Administered</b> In-Network Monthly Out of Pocket Max In-Network Provider Out-of-Network <sup>4</sup>	\$200 20% CYD <sup>1</sup> & 50%
<b>Preventive Care (Adult &amp; Child) - Must be coded as wellness (no diagnosis) - Age and Frequency limitations may apply</b>	
<b>Routine Preventive &amp; Immunizations</b> In-Network Out-of-Network <sup>4</sup>	\$0 copayment 50%
<b>Routine Mammograms</b> In-Network and Out-of-Network <sup>4</sup>	\$0 copayment
<b>Routine Colonoscopy (age 50+, then frequency schedule applies)</b> In-Network and Out-of-Network <sup>4</sup>	\$0 copayment
<b>Emergency Medical Care</b>	
<b>Urgent Care Centers</b> In-Network Out-of-Network <sup>4</sup>	\$65 copayment CYD <sup>1</sup> & 50%
<b>Emergency Room Facility Services</b> In-Network and Out-of-Network <sup>4</sup>	\$300 copayment
<b>Ambulance Services</b> In-Network and Out-of-Network <sup>4</sup>	CYD <sup>1</sup> & 20% of billed amount
<b>Outpatient Diagnostic Services</b>	
<b>Independent Diagnostic Testing Facility</b> In-Network Diagnostic Services (except AIS <sup>2</sup> ) In-Network Advanced Imaging Services <sup>2</sup> (AIS) Out-of-Network <sup>4</sup>	\$50 copayment CYD <sup>1</sup> & 20% CYD <sup>1</sup> & 50%
<b>Independent Clinical Lab (e.g. Blood Work)</b> In-Network Out-of-Network <sup>4</sup>	\$0 copayment CYD <sup>1</sup> & 50%
<b>Outpatient Hospital Facilities</b> In-Network (Option 1/Option 2 Hospital) Out-of-Network <sup>4</sup>	CYD <sup>1</sup> & 20% CYD <sup>1</sup> & 50%

Benefit Description	BlueOptions
<b>Other Provider Services</b>	
<b>Provider Services at Hospital &amp; ER</b> In-Network and Out-of-Network <sup>4</sup>	\$100 copayment
<b>Radiology, Pathology &amp; Anesthesiology at Ambulatory Surgical Center</b> In-Network and Out-of-Network <sup>4</sup>	\$60 copayment
<b>Hospital/Surgical</b>	
<b>Ambulatory Surgical Center (ASC)</b> In-Network Out-of-Network <sup>4</sup>	CYD <sup>1</sup> & 20% CYD <sup>1</sup> & 50%
<b>Inpatient Hospital Facility Services</b> In-Network (Option 1/Option 2 Hospital) Out-of-Network <sup>4</sup>	CYD <sup>1</sup> & 20% CYD <sup>1</sup> & 50%
<b>Outpatient Hospital Facility Services</b> In-Network (Option 1/Option 2 Hospital) Out-of-Network <sup>4</sup>	CYD <sup>1</sup> & 20% CYD <sup>1</sup> & 50%
<b>Prescription</b>	
<b>Pharmacy (30 day supply)</b> Generic Brand Name Non-Preferred	\$10 copayment \$30 copayment \$50 copayment
<b>Mail Order (90 day supply)</b>	2 times the Pharmacy Copay
<b>Financial Features</b>	
<b>Calendar Year Deductible (CYD)</b> In-Network Out-of-Network <sup>4</sup>	Per person/family max \$500 / \$1,500 \$1,500 / \$4,500
<b>Coinsurance (BCBS / Member)</b> In-Network Out-of-Network <sup>4</sup>	80% / 20% 50% / 50%
<b>Out-of-Pocket Maximum</b> In-Network Out-of-Network <sup>4</sup>	(Includes CYD, coins, copays, and pharmacy) \$4,000 / \$8,000 \$7,500 / \$15,000
<b>Network</b>	
Network Name	BlueOptions/Network Blue
<b>Employee Rates (per month)</b>	
Employee Only Employee & Spouse Employee & Child(ren) Family	\$20.00 \$107.00 \$85.00 \$220.00
<b>Retiree Rates (per month)</b>	
Retiree Only Retiree & Spouse Retiree & Child(ren) Family	\$555.50 \$1,084.00 \$1,007.00 \$1,614.00

<sup>1</sup>CYD—Calendar Year Deductible

<sup>2</sup>AIS—Advanced Imaging Services (e.g. MRI, MRA, PET, CT & Nuclear (requires prior authorization)

<sup>4</sup> Balance billing (billing the difference between the allowed amount and the actual charge) can occur out-of-network and will be a part of the patient responsibility.

# Employee Health & Wellness Center

Flagler County, in partnership with CareHere, is pleased to offer a FREE & CONFIDENTIAL path to wellness for all employees and their families enrolled in the medical plan. Some of the benefits and services to which you have access include:

- Health Risk Assessments, a full physical exam including a 28 panel blood work test to assess health status
- Annual HRA printed booklet explaining in detail how to interpret and understand your blood work results
- CareHere Health Coaches
- CareHere Connect, an online Personal Health Assistant Program
- No co-pays for health center visits
- No co-pays for generic medicines at the health center
- Online or telephonic appointment scheduling
- Minimum 20 minute appt. face-to-face with the provider with an average wait time of less than 5 minutes

If you have any questions, please feel free to contact CareHere at:  
Phone: 1-877-423-1330 or Email: [help@carehere.com](mailto:help@carehere.com)

To Schedule, Cancel or Change  
an appointment, log onto  
[www.carehere.com](http://www.carehere.com)

Or call  
1-877-423-1330

New Users - use access code:  
FCEHW7

## Hours of Operation

Monday, Tuesday,  
Wednesday & Friday:

8am-5pm

Thursdays: 10am-7pm

Blood Work:

Tuesday: 7am-8am &

Wednesday 7am-9am

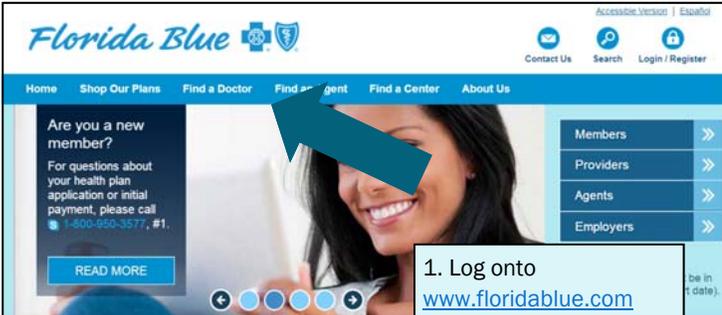
Hours subject to change

## Get Paid To Go To The Doctor!!

Members who complete their annual Health Risk Assessment receive \$100 deposited in the following plan year's Flexible Spending Account to pay for medical, dental & vision expenses, as well as other IRS medically approved expenses. When you complete your assessment, you can also receive \$100 for each dependent under 18 and \$100 for any dependent over 18 who has their assessment.

# How to Find a Provider

## MEDICAL PROVIDERS



1. Log onto [www.floridablue.com](http://www.floridablue.com)  
Choose "Find a Doctor".



2. Choose "BlueOptions" for plan or sign in as member.  
3. Input applicable criteria and choose "Search Now"

To find a medical provider *outside* the state of Florida, log onto [www.bcbs.com](http://www.bcbs.com) and choose "Find a Doctor or Hospital. Enter the first three letters of your medical ID number (XJB) and choose "Find Providers".

## DENTAL PROVIDERS

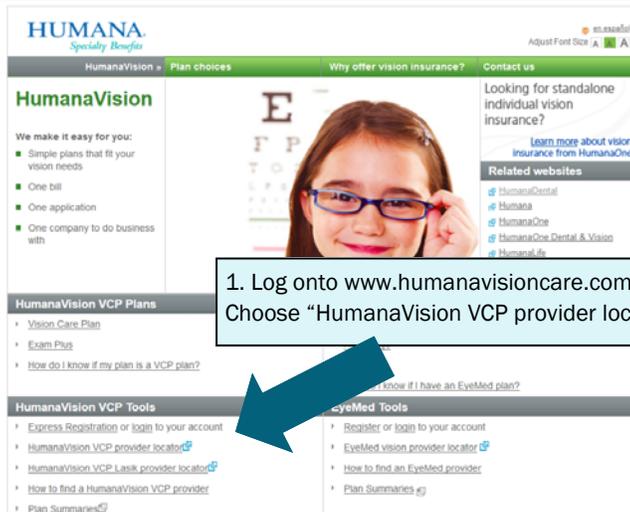


1. Log onto [www.floridablue.com](http://www.floridablue.com)  
Choose "Find a Doctor".



2. Choose "Dental-BlueDental Choice & Choice Plus" for plan or sign in as member.  
3. Input applicable criteria and choose "Search Now"

## VISION PROVIDERS



1. Log onto [www.humanavisioncare.com](http://www.humanavisioncare.com).  
Choose "HumanaVision VCP provider locator"

2. Enter your search criteria to find a participating provider.

Street Address

City

State

OR

Zip Code

Zip Code or Address, City, and State required for Name Search

Last Name   Exact Match

First Name  (Optional)

# Your Dental Plan

Provided through Florida Combined Life (Group #D8834X)



Benefit Description	PPO Dental
<b>Deductible (Deductible is waived for preventive services)</b>	
<b>Per person/Per Family</b> In-Network Out-of-Network	\$50 / \$100 \$50 / \$100
<b>Preventive Services</b>	
<b>In-Network / Out-of-Network</b> Periodic Oral Examination (0120) Comprehensive Oral Evaluation (0150) Cleanings - Adult/Child (1110, 1120) Bitewing X-rays (0274)	100% / 100% coinsurance <sup>1</sup>
<b>Basic Services</b>	
<b>In-Network / Out-of-Network</b> Amalgam Filings (2 surfaces) (2150) Simple Extractions (7140) Root Canal Molar (3330) Periodontal Maintenance (4910)	80% / 80% coinsurance <sup>1</sup>
<b>Major Services</b>	
<b>In-Network / Out-of-Network</b> Crowns - Porcelain fused to noble metal (2752) Complete Dentures (5110, 5120)	50% / 50% coinsurance <sup>1</sup>
<b>Benefit Maximums</b>	
Plan Year (per person)	\$1,000
<b>Rates (per month)</b>	
Employee Only Employee & Spouse Employee & Child(ren) Family	\$26.00 \$57.00 \$45.00 \$85.00

The PPO dental plan has in-network and out-of-network benefits available. Preventive and basic services are covered immediately. The plan will pay up to \$1,000 for services per member per calendar year.

**Impacted Tooth Removal** - Oral Surgery for an impacted tooth is covered under the group medical plan, not the dental plan. These services will be covered under the CYD & coinsurance listed under the group medical plan.

**Pre-determinations** - It is always best to have the dentist request a pre-determination prior to having any major dental work done. This pre-determination will show you what your dental plan will pay for any recommended treatment.

<sup>1</sup> In-network coinsurance is based on the allowable expenses established by contract for the participating dentists. Out-of-network coinsurance is based on maximum allowable fee. Out-of-network services are also subject to balance billing.

# Your Vision Plan

Provided through Humana (Group #VS5636)



Benefit Description	Group Vision Insurance
<b>Eye Exam</b>	
In-Network Copayment Out-of-Network Allowance Frequency	\$20 \$50 allowance Once every 12 months
<b>Lenses</b>	
In-Network Copayment Out-of-Network Allowance Single Vision Bifocal Trifocal or Lenticular Frequency	\$25  \$60 allowance \$75 allowance \$105 allowance Once every 12 months
<b>Frames</b>	
In-Network Copayment Out-of-Network Allowance Frequency	\$25 \$45 allowance Once every 24 months
<b>Contact Lenses (in lieu of glasses)</b>	
Elective In-Network Allowance Frequency	\$140 allowance Once every 12 months
<b>Discounts &amp; Savings</b>	
Glasses Contacts Lasik	20% off additional pair 15% off contact lens exam Deep discounts on LASIK surgery
<b>Rates (per month)</b>	
Employee Only Employee & Spouse Employee & Child(ren) Family	\$4.82 \$9.32 \$8.86 \$13.92

# Your Spending Accounts

Provided through Ameriflex



## Flexible Spending Account (FSA)

### Medical Flexible Spending Account

You may contribute up to \$2,550 to the medical FSA to reimburse yourself for eligible health, dental and vision care expenses using pre-tax dollars. In general, the money in your medical FSA can be used for expenses that are not paid for by a health, vision or dental plan, including copayments, deductibles, coinsurance and some over-the-counter (OTC) medications. The funds you elect to set aside in the medical FSA are pre-loaded and available on the plan effective date. Any money you set aside in the medical FSA and not used between October 1, 2015 and September 30, 2016, will be forfeited. (Reimbursement requests are accepted through December 31, 2016.)

**good  
to know**

Save your receipts. Even though you may be using your debit card to pay an expense out of your FSA, the IRS requires that every expense be verified. This means that you should save your receipts and submit them if requested by Ameriflex. If you do not submit the receipts, your debit card will be deactivated until the documentation is received. This requirement is due to the IRS regulation.

### Dependent Care Flexible Spending Account

You may contribute up to \$5,000, or up to \$2,500 if you are married filing separate, to the dependent care FSA to reimburse yourself for dependent care expenses using pre-tax dollars. The dependent care FSA funds are available once deposited into the account out of your paycheck. Eligible expenses for reimbursement through the Dependent Care FSA include: Care for a child under age 13 at a daycare camp or nursery school, or by a private sitter, elder care for an incapacitated adult who lives with you at least eight hours a day, expenses for pre-school and after-school child care (these expenses must be kept separate from any tuition expenses). Any money you set aside in the dependent care FSA and not used between October 1, 2015 and September 30, 2016, will be forfeited. (Reimbursement requests are accepted through December 31, 2016.)

# Your Life Insurance

Provided through Hartford Group Benefits (Group #677792)



Benefit Description	
<b>Employer Paid Basic Life Insurance</b>	
Basic Life AD&D	\$15,000 1x Basic Life except Public Safety officers - If loss occurs in line of duty, benefit is 2x Basic Life
<b>Employee Voluntary Life/AD&amp;D</b>	
Employee Benefit	Increments of \$10,000 Maximum - \$300,000
Guarantee Issue for new hires	\$100,000
<b>Spouse &amp; Child Voluntary Life Insurance</b> <sup>1</sup> (employees must purchase additional life on self to purchase spouse or child)	
Spouse Benefit	Increments of \$5,000 Maximum - 50% of employee's benefit up to \$150,000
Spouse Guarantee Issue	\$10,000
Child Benefit	\$2,000

## Employee Supplemental Life Rates (Monthly)

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 30	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
30-34	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
35-39	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
40-44	\$2.10	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60	\$14.70	\$16.80	\$18.90	\$21.00
45-49	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$23.10	\$26.40	\$29.70	\$33.00
50-54	\$4.80	\$9.60	\$14.40	\$19.20	\$24.00	\$28.80	\$33.60	\$38.40	\$43.20	\$48.00
55-59	\$7.00	\$14.00	\$21.00	\$28.00	\$35.00	\$42.00	\$49.00	\$56.00	\$63.00	\$70.00
60-64	\$8.70	\$17.40	\$26.10	\$34.80	\$43.50	\$52.20	\$60.90	\$69.60	\$78.30	\$87.00
<b>Age reduction:</b> coverage reduces by 35% for members at age 65, by 50% at age 70 and by 65% at age 75. Coverage amounts listed reflect age reduction. Premium amounts also reflect age reduction.										
Coverage	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
65-69	\$10.21	\$20.41	\$30.62	\$40.82	\$51.03	\$61.23	\$71.44	\$81.64	\$91.85	\$102.05
Coverage	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
70-74	\$12.75	\$25.50	\$38.25	\$51.00	\$63.75	\$76.50	\$89.25	\$102.00	\$114.75	\$127.50
Coverage	\$3,500	\$7,000	\$10,500	\$14,000	\$17,500	\$21,000	\$24,500	\$28,000	\$31,500	\$35,000
75 +	\$29.05	\$58.10	\$87.15	\$116.20	\$145.25	\$174.30	\$203.35	\$232.40	\$261.45	\$290.50

## Spouse Supplemental Life Rates (Monthly)

Spouse rates are based on spouse's age

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Under 30	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
30-34	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
35-39	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
40-44	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
45-49	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
50-54	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00
55-59	\$2.85	\$5.70	\$8.55	\$11.40	\$14.25	\$17.10	\$19.95	\$22.80	\$25.65	\$28.50
60-64	\$4.40	\$8.80	\$13.20	\$17.60	\$22.00	\$26.40	\$30.80	\$35.20	\$39.60	\$44.00
<b>Age reduction:</b> coverage reduces by 35% for members at age 65, by 50% at age 70 and by 65% at age 75. Coverage amounts listed reflect age reduction. Premium amounts also reflect age reduction.										
Coverage	\$3,250	\$6,500	\$9,750	\$13,000	\$16,250	\$19,500	\$22,750	\$26,000	\$29,250	\$32,500
65-69	\$5.30	\$10.60	\$15.89	\$21.19	\$26.49	\$31.79	\$37.08	\$42.38	\$47.68	\$52.98
Coverage	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
70-74	\$6.68	\$13.35	\$20.03	\$26.70	\$33.38	\$40.05	\$46.73	\$53.40	\$60.08	\$66.75
Coverage	\$1,750	\$3,500	\$5,250	\$7,000	\$8,750	\$10,500	\$12,250	\$14,000	\$15,750	\$17,500
75 +	\$15.42	\$30.84	\$46.25	\$61.67	\$77.09	\$92.51	\$107.92	\$123.34	\$138.76	\$154.18

<b>Child Life Monthly Premium Costs</b>	\$0.16 (flat rate regardless of number of children)
<b>Retiree Life (Benefit/Monthly Rate)</b>	
Under 65 yrs	\$15,000 / \$2.70
65-69 yrs	\$9,750 / \$1.76
70-74 yrs	\$7,500 / \$1.35
75+ yrs	\$5,250 / \$0.95

# Value Added Services

*Provided through Hartford Group Benefits (Group #677792)*



All benefits eligible employees at Flagler County have access to Value Added Services available through the Group Life Insurance plan administered through The Hartford.

- **Identity Theft** - If you suspect you're a victim of identity theft or if your credit cards are lost or stolen, a toll free call to 1-877-890-0240 will put you in touch with professional fraud support who will work with you step-by-step to help you prevent or recover your identity as quickly and as easily as possible.

For just an additional \$6.99 per month, the full Identity Theft program provide you with real time fraud monitoring, triple-bureau credit reports and scores, public records reports, identity fraud resolution assistance, and daily credit monitoring. To sign up for this program, visit [www.identitysecure.com/thehartford](http://www.identitysecure.com/thehartford). This is NOT available as a payroll deduction. This is a separate contract between you and The Hartford.

- **Beneficiary Assist** - This program through ComPsych helps you cope with the emotional, financial and legal issues that can arise after a covered loss of a loved one. The program is offered at no cost to your beneficiaries. Simply call 1-800-411-7239 to access loss counseling and/or financial and legal professionals on a confidential basis.
- **Life Conversations** - Many people find it hard to discuss financial matters, insurance needs, end of life decisions or the loss of a loved one. Life Conversations provides support for those looking to select an appropriate amount of life insurance, create a Will or for funeral planning and grief counseling. Visit [www.hartfordlifeconversations.com](http://www.hartfordlifeconversations.com) or call 1-866-854-5429 for more information.
- **Travel Assistance** - The Hartford Travel Assistance Program provides three kinds of services for your business or vacation travels when you are more than 100 miles from your primary home for 90 days or less: pre-trip information, emergency medical assistance and emergency personal services. In the US or Canada, call toll free 1-800-243-6108. Call collect from other locations: 202-828-5885. ID#: GLD-09012

# Federal Notices

## Continuation of Coverage—COBRA Benefits After Termination

An employee's health insurance coverage ceases at the end of the month following termination date. The COBRA administrator will mail a written notice to each terminated employee describing the employee's rights and obligations under COBRA.

Through federal legislation known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may choose to continue coverage by paying the full monthly premium cost plus an administrative charge of 2%. Each individual who is covered by a Flagler County plan immediately preceding the employee's COBRA event has independent election rights to continue his or her health, dental, and/or vision coverage.

The right to continuation of coverage ends at the earliest when:

- You, your spouse, or dependents become covered under another group health plan; or, you become entitled to Medicare;
- You fail to pay the cost of coverage;
- Your COBRA Continuation Period expires.

### Who Can Continue Coverage?

COBRA continuation coverage must be offered to each person who is a "Qualified Beneficiary." Depending on the type of qualifying event, a qualified beneficiary can be a covered employee, a covered employee's spouse and/or a covered employee's dependents who were covered by one of Flagler County's Health Plans the day before a qualifying event.

### Definition of Qualified Beneficiaries

The following individuals can become qualified beneficiaries under COBRA:

- An employee or a former employee;
- The spouse of any of the above; and
- The dependent child(ren) of any of the above.

COBRA Coverage	
Loss of coverage is due to:	Max COBRA Continuation for you, covered spouse, covered child(ren)
Your employment ending for any reason (except gross misconduct) or your hours are reduced so you are no longer eligible for medical, dental, vision, and the health care flexible spending account.	18 months
You or your covered spouse or dependent is disabled (as determined by the Social Security Administration) at the time of the qualifying event, or becomes disabled during the first 60 days of COBRA continuation.	29 months
Your death	36 months
Your divorce or legal separation	36 months
You become entitled to Medicare	36 months
Your covered child no longer qualifies as a dependent	36 months

# Federal Notices

## IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with FLAGLER COUNTY and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. FLAGLER COUNTY has determined that the prescription drug coverage offered by the FLAGLER COUNTY Self-Funded Medical Plan & Prime Therapeutics is, on average for all participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current FLAGLER COUNTY Self-Funded Medical Plan prescription coverage will be affected. You can not keep your coverage with FLAGLER COUNTY if you elect Part D coverage. If you decide to join a Medicare drug plan and drop your current coverage under the FLAGLER COUNTY Self-Funded Medical Plan, be aware that you and your dependents will not be able to get this coverage back. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the FLAGLER COUNTY Self-Funded Medical Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have the coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

### For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact your Personnel Department. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage with Prime Therapeutics changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov). Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

**REMEMBER:** Keep this Creditable Coverage notice. If you decided to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher premium (a penalty). If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 1, 2014  
Name of Entity/Sender: Flagler County

# Federal Notices

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

### YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the health plan that compiled it. However, you have certain rights with respect to the information. You have the right to:

Receive a copy of this Notice of Privacy Practices from us upon enrollment or upon request.

Request restrictions on our uses and disclosures of your protected health information for treatment, payment and health care operations. We reserve the right not to agree to a given requested restriction.

Request to receive communications of protected health information in confidence.

Inspect and obtain a copy of the protected health information contained in your medical or billing records and in any other of the organization's health records used by us to make decisions about you.

Request an amendment to your protected health information. However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:

- ⇒was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
- ⇒is not part of your medical or billing records;
- ⇒is not available for inspection as set forth above; or
- ⇒is accurate and complete.
- ⇒In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

Receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you, except for disclosures:

- ⇒to carry out treatment, payment and health care operations as provided above;
- ⇒to persons involved in your care or for other notification purposes as provided by law;
- ⇒to correctional institutions or law enforcement officials as provided by law;
- ⇒for national security or intelligence purposes;
- ⇒that occurred prior to the date of compliance with privacy standards (April 14, 2003 or April 14, 2004 for small health plans);
- ⇒incidental to other permissible uses or disclosures;
- ⇒that are part of a limited data set (does not contain protected health information that directly identifies individuals);
- ⇒made to plan participant or covered person or their personal representatives;
- ⇒for which a written authorization form from the plan participant or covered person has been received

- Revoke your authorization to use or disclose health information except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.
- Receive notification if affected by a breach of unsecured PHI

# Federal Notices

## HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:

**Treatment:** We may use or disclose your health information without your permission for health care providers to provide you with treatment.

**Payment:** We may use or disclose your health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance that you are purchasing. Such functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.

**To Carry Out Certain Operations Relating to Your Benefit Plan:** We also may use or disclose your protected health information without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualifications of health care professionals, placing contracts for stop-loss insurance and conducting quality assessment activities.

**To Plan Sponsor:** Your protected health information may be disclosed to the plan sponsor as necessary for the administration of this health benefit plan pursuant to the restrictions imposed on plan sponsors in the plan documents. These restrictions prevent the misuse of your information for other purposes.

**Health-Related Benefits and Services:** We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your protected health information for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing health plan coverage, and about health-related products and services that may add value to your existing health plan.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

**Business Associates:** There may be some services provided in our organization through contracts with Business Associates. An example might include a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

**Limited Data Sets:** We may use or disclose, under certain circumstances, limited amounts of your protected health information that is contained in limited data sets. These circumstances include public health, research, and health care operations purposes.

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Worker's Compensation:** We may release protected health information about you for programs that provide benefits for work related injuries or illness.

**Communicable Diseases:** We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose protected health information to federal or state agencies that oversee our activities.

**Law Enforcement:** We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

**Military and Veterans:** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

**Lawsuits and Disputes:** We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

**Abuse or Neglect:** We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Coroners, Medical Examiners, and Funeral Directors:** We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

**Public Health Risks:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

**Serious Threats:** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Food and Drug Administration (FDA):** As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**For Purposes For Which We Have Obtained Your Written Permission:** All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time.

# Federal Notices

## INFORMATION WE COLLECT ABOUT YOU

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or on applications or other forms that you fill out.
- Information that we obtain as a result of our transactions with you.
- Information that we obtain from your medical records or from medical professionals.
- Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

## GENETIC INFORMATION

We will not use genetic or disclose genetic information or results from genetic services for underwriting purposes, such as:

- Rules for eligibility or benefits under the health plan;
- The determination of premium or contribution amounts under the health plan;
- The application of any pre-existing condition exclusion under the health plan; and
- Other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits.

## OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our services or benefits, the new notice will be posted on that Web site.

Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

## OUR PRACTICE REGARDING CONFIDENTIALITY AND SECURITY

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

## OUR PRACTICE REGARDING CONFIDENTIALITY AND SECURITY FOR E-MAIL COMMUNICATION

If you choose to communicate with us via e-mail, please be aware of the following due to the nature of e-mail communication: **(a)** privacy and security of e-mail messages are not guaranteed **(b)** we are not responsible for loss due to technical failures and **(c)** e-mail communication should not be used for emergencies or time and content sensitive issues.

## POTENTIAL IMPACT OF STATE LAW

In some circumstances, the privacy laws of a particular state, or other federal laws, provide individuals with greater privacy protections than those provided for in the HIPAA Privacy Regulations. In those instances, we are required to follow the more stringent state or federal laws as they afford the individual greater privacy protections. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of Protected Health Information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, and reproductive rights.

## NOTICE OF PRIVACY PRACTICES AVAILABILITY

You will be provided a hard copy for review at the time of enrollment (or by the Privacy compliance date for this health plan). Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's Web site (if applicable Web site exists) for downloading.

## FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our HIPAA Privacy Officer, Sarah Taylor, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health and Human Services  
Office of the Secretary  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Tel: (202) 619-0257  
Toll Free: 1-877-696-6775  
<http://www.hhs.gov/contacts>

Flagler County Self-Funded Medical & Dental Plan  
Anita Stoker  
Privacy Officer  
(386) 313-4034

# Federal Notices

## Michelle's Law

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent open enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Section 125 Qualifying Events & Benefit Election Changes

Under IRC § 125, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken out of your paycheck before federal income and Social Security taxes are calculated. You must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual Open Enrollment period, unless you experience an IRS-approved qualifying event. A qualifying event, also known as a "Family Status Change," is a change in your personal life that may impact you or your dependents' eligibility for benefits under the Flagler County Medical Plan. Qualifying events include, but are not limited to:

- Marriage, divorce or legal separation;
- Death of spouse or other dependent;
- Birth or adoption of a child;
- A spouse's employment begins or ends;
- A dependent's eligibility status changes due to age, student status, marital status, or employment status; and
- You or your spouse experience a change in work hours that affects benefit eligibility.

Please note that your qualified status change must be consistent with the event. You must notify Human Resources within 30 days of your qualifying event.

## Women's Health & Cancer Rights Act of 1998 (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your Plan Administrator, FloridaBlue, at 1.800.322.2808.

# Federal Notices

## Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2014. Contact your State for more information on eligibility -

**FLORIDA – Medicaid - Website: <https://www.flmedicaidtplrecovery.com/>  
Phone: 1-877-357-3268**

To see if any other states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# Contacts

## Board of County Commissioners

*Joe Mayer, Community Services Director*  
386-313-4007

*Anita Stoker, Benefits & Wellness Manager*  
386-313-4034  
astoker@flaglercounty.org

## Clerk of Courts

*Joannie Stachurski, HR Director*  
386-313-4445  
jstachurski@flaglerclerk.com

## Sheriff's Office

*Ken McClinton, HR Director*  
386-586-4807  
kmccclinton@flaglersheriff.com

## Supervisor of Elections

*Chris Nakabaale*  
386-313-4170  
cnakabaale@flaglerelections.com

## Property Appraiser

*Becky Fredman, Administrative Assistant*  
386-313-4788  
pa@flaglerpa.com

## Tax Collector

*Rae Nescio, Supervisor of Accounting & HR*  
386-313-4160  
rnescio@flaglertax.com

## The Bailey Group

*Benefit Consultants*  
Sherry Bugnet, Account Executive  
Toll Free - 1-866-826-1800  
sbugnet@mbaileygroup.com

## FloridaBlue

### Medical

Customer Service - 1-877-352-2583  
Nurse Line / Health Dialog - 1-877-789-2583  
Care Consultants - 1-888-476-2227  
Mail Order Rx - 1-888-849-7865  
www.floridablue.com

### Dental

Customer Service - 1-877-352-3979  
www.floridabluedental.com

## Humana

### Vision

Customer Service - 1-800-865-3676  
www.humanavisionplan.com

## Hartford

### Life Insurance

Customer Service - 1-800-523-2233  
www.thehartford.com

## Ameriflex

### Flexible Spending Accounts

Customer Service - 1-888-868-FLEX (3539)  
www.flex125.com

## Valery Agency

### Medicare Supplement Insurance

Customer Service - 1-800-330-8445  
valeryagency@verizon.net

Provided by

